STATE OF MARYLAND—CERTIFICATE OF DEATH

12047

83ay

1. PLACE OF DEATH

County Worcester Registration Dist. No. 353

Village or City Whaleyville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Baker

(a) Residence: No. Whaleyville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Baker

6. DATE OF BIRTH (month, dey, and year) Oct. 19, 1861

7. AGE Years 79 Months 1 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farming

10. Date daceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Whaleyville (State or country) Md.

FATHER

13. NAME Samuel Baker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Ennis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martha Lewis (Address) Whaleyville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hamlin Cem. near Whaleyville Date Nov. 24, 1940

19. UNDERTAKER Margarette H. Watson (Address) Pocomoke City, Md.

20. FILED Nov. 21, 1940 Mrs. Roy Bergey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Nov. 21, 1940

I last saw him alive on Nov. 21, 1940; death is said to have occurred on the date stated above, at 8:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 21 '40
Hypertension	1935
Arteriosclerosis	1935

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) Frank R. Lewis M. D.

(Address) Willards, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes of importance:**		Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 6 1929 N. Y. C.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

12048

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 mo. 3 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Dorothy Lee Blake

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) ~~March~~ APRIL 7 - 1940

8. AGE: Years | Months 7 | Days 3 | If less than one day ... hrs. ... min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name George Blake
13. Birthplace Maryland

MOTHER
14. Maiden name Martha Foreman
15. Birthplace Maryland

16. Informant Martha Foreman
Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11/40 (month) (day) (year)

Cemetery or crematory Mt Wesley

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 11/11/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 2, 1940, to Nov. 10 1940 and that I last saw her alive on Nov. 10, 1940

Immediate cause of death	DURATION
Broncho-pneumonia	4 days
Due to Acute Bronchitis	8 "
Due to	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md. Date signed 11/11/40

FILED UNDER FOREMAN (BIRTH)

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12049

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester.
City or town: Berlin.
(If outside city or towa limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester.
City or town: Berlin.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary A. Boston.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Wm Elton Boston.
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1864

8. AGE: Years	Months	Days	If less than one day
76	0	3	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)
10. Usual occupation: House wife (retired)
11. Industry or business

FATHER
12. Name: Isaac Wm. Burbage
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Hettie M. Holland.
15. Birthplace: Maryland.

16. Informant: Miss. Pearl Boston.
Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-19-40 (month) (day) (year)
Cemetery or crematory: Buckingham
Location: Berlin, Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 11-19 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 1940, at 3:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1938, to Nov 17 1940
and that I last saw her alive on Nov 17 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frederick A. Tyndall, M.D.
M. D. or other
Address: Berlin Md Date signed 11-19-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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DEC 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12050

CERTIFICATE OF DEATH

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Bishop R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Bishop, R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stephen Bradford

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Emma Jane Bradford
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 4, 1856

8. AGE: Years	Months	Days	If less than one day
84	4	28	hrs. min.

9. Birthplace Powellsville, Md.
(Town, county, and state)
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name Sampson Bradford
13. Birthplace
MOTHER 14. Maiden name Charlotte Bradford
15. Birthplace
16. Informant Emma Jane Bradford
Address Bishop, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4. 1940 (month) (day) (year)
Cemetery or crematory Red Mens Cem.
Location Selbyville, Del.
16. Funeral director Margarette D. Watson
Address Pocomoke City, Md.
19. Nov. 4 1940 Mrs. Roy Berry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1940, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1st 1940, to November 2 1940, and that I last saw him alive, on November 2 1940.

Immediate cause of death	Chronic Myocarditis	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE I E Jones M. D. or other
Address Selbyville, Del. Date signed 11-2-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12051

Reg. Dist. No. 351

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Wicomico

City or town Fruitland Rural #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Fruitland Rural #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Rosie Bratten

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife Isaac Waters

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15 1870

8. AGE:	Years	Months	Days	If less than one day
	70	8	25	hrs. min.

9. Birthplace Fruitland Worcester Md

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name George Gallick

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Samuel T. Waters

Address Fruitland Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 13 40 (month) (day) (year)

Cemetery or crematory Cedar Springs

Location Fruitland Md

18. Funeral director Pearre & Dennis

Address Snow Hill Md

19. 11/12 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19 to 19

and that I last saw h~ alive on ~ 19

Immediate cause of death	DURATION
Pulmonary tuberculosis	4 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Examr M. D. or other

Address Snow Hill Md Date signed 11/13/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (U)

CERTIFICATE OF DEATH

12052

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING (M) (I) (T) VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Ironshire
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Ironshire Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Berlin, Md. R 7 Bd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Maynard Jone Brittingham

3. (b) Social Security Number:

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel Brittingham

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 10, 1853

8. AGE: Years: 87 | Months: 0 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Maryland. (Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: "

FATHER 12. Name: Geo M. Pruitt

13. Birthplace: Md.

MOTHER 14. Maiden name: Kate Baker.

15. Birthplace: Md.

16. Informant: Mrs. Mayme E. Scott.

Address: Berlin, Md R7 Bd 3.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin

18. Funeral director: M. Pasha Watson

Address: Hebbville, Del.

19. 11-4 1940 (Date rec'd by registrar) Helen J. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2 1940, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1940, to Nov 2 1940, and that I last saw her alive on Nov 1 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	
Due to: Chronic Int. Nephritis	
Due to: Diabetes	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Scott M. D. or other
Address: Berlin Md. Date signed 11/5/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

12053

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John M. Colbourne

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Color

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Martha E. Colbourne

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) November 23, 1861

8. AGE:

Years	Months	Days	If less than one day
78	11	19	hrs. min.

9. Birthplace Pocomoke, Worcester, Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Edward Colbourne
13. Birthplace Md

MOTHER
14. Maiden name Elizabeth Walters
15. Birthplace Md

16. Informant Martha E. Colbourne

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15, 1940 (month) (day) (year)

Cemetery or crematory Unionville Cemetery

Location Near Pocomoke City, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. Nov. 15th 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940, at 9:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw h — alive on — 19 .

Immediate cause of death Heart failure Arteriosclerosis Rheumatism

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: unknown

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Exam M. D. or other

Address Snow Hill Md Date signed 11/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
DEC 6 1940
V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12054

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Rosie L. Collick

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct. 31 - 1925

8. AGE: Years 15 | Months 0 | Days 23 | If less than one day ..... hrs. ..... min.

9. Birthplace Girdletree Worcester Md
(Town, county, and state)

10. Usual occupation School

11. Industry or business

FATHER
12. Name William P. Collick
13. Birthplace Maryland

MOTHER
14. Maiden name Eva Mills
15. Birthplace Maryland

16. Informant Eva Collick
Address Girdletree Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 26/40
(month) (day) (year)

Cemetery or crematory Coolspringes

Location Girdletree Md

18. Funeral director Hearne + Dennis

Address Snow Hill Md

19. 11/25 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1940 at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 23 1940 to Nov. 24 1940 and that I last saw her alive on November 23, 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md. Date signed 11/25/40

RECEIVED
DEC 5 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

12055

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County: Worcester

City or town: Bishopville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 35 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Bishopville Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VEYERAN, NAME WAR ✓

3. (a) FULL NAME Daniel M. Collins

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida M. Collins

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1879

8. AGE: Years 61 | Months 2 | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace: Bishopville Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: "

FATHER
12. Name: William Collins
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Catherine Hudson
15. Birthplace: Maryland.

16. Informant: Mr. Will Collins

Address: Bishopville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 10, 1940 (month) (day) (year)

Cemetery or crematory: I.O.O.F.

Location: Bishopville, Md

18. Funeral director: M. Pasha Watson

Address: Selbyville Del.

19. Nov. 10 1940 (Date rec'd by registrar) Mrs. Roy Bergey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1940, at 10:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him alive on Nov 7 1940

Immediate cause of death: Lobar Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: Chas. R. Law
M. D. or other

Address: Berlin Md. Date signed: 11-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12056

Reg. Dist. No. 35/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
WITHIN CORPORATE LIMITS OF
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr 6 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 70

3. (a) FULL NAME Amanda Rowley Davis

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Isaac J. Davis
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 4 - 1851

8. AGE:

Years	Months	Days	If less than one day
89	5	1	____ hrs. ____ min.

9. Birthplace Snow Hill Worcester MD (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name James K. Rowley
13. Birthplace Maryland
MOTHER 14. Maiden name Margaret K. Houlston
15. Birthplace Maryland
16. Informant Mrs. Matilda Davis Smyth
Address Snow Hill MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 8/40 (month) (day) (year)
Cemetery or crematory Snow Hill
Location Pitts Creek MD
18. Funeral director Pearse & Dennis
Address Snow Hill MD
19. 11/6 (Date rec'd by registrar) 1940 LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Hemiplegia	4 yrs.
Cause Probably Cerebral hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam. M. D. or other
Address Snow Hill Md Date signed 11/5/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

12057

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Berlin R.F.D. No 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin R.F.D. No 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William E Davis

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	married

6 (b) Name of husband or wife Hester Davis
6(c) If alive, give age Don't know years

7. Birth date of deceased (mo., day, yr.) Jan 5 1869

8. AGE:

Years	Months	Days	If less than one day
71	—	2	____ hrs. ____ min.

9. Birthplace Berlin md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business no
FATHER 12. Name Charles E Davis
13. Birthplace Berlin md
MOTHER 14. Maiden name Caroline Smack
15. Birthplace Berlin md
16. Informant Charles Davis
Address Berlin md R.F.D. No 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9-1940 (month) (day) (year)
Cemetery or crematory Family
Location Berlin P Episcopal
18. Funeral director James F Stewart
Address Salisbury Md
19. 11-9- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940, to Nov. 7 1940, and that I last saw h alive on Nov. 6 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Chron Int. Nephritis	
Due to Hypertension	
Other conditions none	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford E. Schatt M.D.
M. D. or other
Address Newark Md Date signed Nov. 9 1940

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

(50)

12058

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pokomoke City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Clark's Avenue Extended

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hattie A. Sietz

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Oswald A. Sietz

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) December 15, 1889

8. AGE: Years	Months	Days	If less than one day
50	11	0	hrs. min.

9. Birthplace Crisfield, Somerset, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Gerald

13. Birthplace Delaware

MOTHER 14. Maiden name Bell Sterling

15. Birthplace Md

16. Informant Mrs. Oswald A. Sietz

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 17, 1940 (month) (day) (year)

Cemetery or crematory Salem M. E. Cemetery

Location Pocomoke City, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. Nov 17 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940 at 11:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1938 to Nov 15 1940, and that I last saw her alive on November 15 1940.

	DURATION
Immediate cause of death ~~Carcinoma of Lung~~ DYSPNOEA — EXHAUSTION.	Feb 1940 2 Months
Due to Carcinoma of Lung	Feb 1940
Due to Carcinoma of Breast (Removed by Operation)	April 1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE R. Lee Hall M. D. or other

Address Pocomoke City, Md Date signed 11/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12059

Reg. Diat. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs 11 mo. 16 dys

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: William Joseph Godfrey

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 21 — 1915

8. AGE: Years: 24 | Months: 11 | Days: 16 | If less than one day: hrs. min.

8. Birthplace: Snow Hill Worcester Md

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: W. Lawrence Godfrey

13. Birthplace: Maryland

MOTHER 14. Maiden name: Kate E. Cleavenger

15. Birthplace: Maryland

16. Informant: Mrs. Charles E. Dickerson

Address: Snow Hill Md

17. Burial (Burial, cremation, or removal; Which?) Date thereof: Nov. 10/40 (month) (day) (year)

Cemetery or crematory: Bates M.E.

Location: Snow Hill Md

18. Funeral director: Pearse & Dennis

Address: Snow Hill Md

19. 11/9 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 7 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1940, to Nov. 7, 1940 and that I last saw him alive on Nov 7 1940

Immediate cause of death	DURATION
Mitral regurgitation	15 yrs.
Due to Acute articular rheumatism	15 yrs ago
Due to Scarlet fever	—
Other conditions Acute parenchymatous nephritis	—

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: N. Sherwood Ferris, M.D.

M. D. or other

Address: Snow Hill, Md. Date signed: 11/9/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

83a

12060

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 80 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Clarke Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Peter J. Gootee

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Sarah H. Gootee
6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) April 2, 1859

8. AGE: Years	Months	Days	If less than one day
81	7	14	hrs. min.

9. Birthplace Stockton, Worcester, Md
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name John Gootee
13. Birthplace Md
MOTHER 14. Maiden name Grace Hancock
15. Birthplace Md
16. Informant Sarah H. Gootee
Address Pocomoke City, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19, 1940 (month) (day) (year)
Cemetery or crematory Remson M. E. Cemetery
Location Near Pocomoke City, Md.
18. Funeral director Margarette H. Watson
Address Pocomoke City, Md
19. Nov. 19th 1940 (Date rec'd by registrar) Irene E. Wheatley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16, 1940 at 11 20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1940 to Nov 16 1940
and that I last saw h~~e~~ alive on Nov 16 1940

Immediate cause of death Cerebral Hemorrhage — DURATION 2 wks
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. A. Parker M.D.
Address Pocomoke City Md M. D. or other
Date signed 11/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

12061

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean City Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place at death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Ocean City Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: He lived on his boat.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Ben Jensen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 4, 1883

8. AGE:

Years	Months	Days	If less than one day
57	5	3	hrs. min.

9. Birthplace: Norway
(Town, county, and state)

10. Usual occupation: Fishing

11. Industry or business

FATHER
12. Name: Unknown Jenson Olsen
13. Birthplace

MOTHER
14. Maiden name: Unknown Ayd Benson
15. Birthplace: Norway

16. Informant: Edward Davis
Address: Ocean City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 8. 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin Md.

19. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 11-8- 1940 (Date rec'd by registrar) I S Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6 1940 at 7 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw h alive on — 19

Immediate cause of death: Heart failure variety unknown because he was dead when I arrived and could get no history

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other

Address: Snow Hill Md Date signed: 11/6/40

RECEIVED
DEC 4 1940
BUREAU V. S.

12062

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death? 1 yr. 6 mos

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Elizabeth Waters Justice

3. (b) Social Security Number None

4. Sex Female

5. Color or race Colored

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lawrence Justice

6.(c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) December 28 - 1918

8. AGE: Years 21 Months 11 Days 0 If less than one day ..... hrs. ..... min.

9. Birthplace Pocomoke City Worcester Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Lorie Waters

13. Birthplace Maryland

MOTHER 14. Maiden name Emma Schoolfield

15. Birthplace Maryland

16. Informant Lorie Waters

Address Pocomoke City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 1 (month) 40 (day) (year)

Cemetery or crematory Mt Zion

Location Pocomoke City Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 11/30 (Date rec'd by registrar) 1940 LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1940 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ..., to — 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death Broken neck due to being struck by a train while riding in an automobile

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION —

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Nov 28 '40

Where did injury occur? Snow Hill Worcester Co Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) R.R. crossing

Means of injury Struck by train Injured at work? No

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other

Address Snow Hill Md Date signed 11/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU U. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

12063

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Near Pocomoke City Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 9 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Near Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Ella Jaunita Lambtuson

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

✓ 6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Nov. 2 - 1940

8. AGE: Years | Months | Days | If less than one day: 9 hrs. 10 min.

9. Birthplace: Near Pocomoke, Worcester Md.
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business:

FATHER
12. Name: Marion Lambtuson
13. Birthplace: Pocomoke Md,

MOTHER
14. Maiden name: Gladys Jones
15. Birthplace: Pocomoke Md.

16. Informant: Mr. Marion Lambtuson
Address: Pocomoke City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 3 1940 (month) (day) (year)

Cemetery or crematory: Remson Cemetery

Location: Near Pocomoke City Md.

18. Funeral director: Margarette H. Watson
Address: Pocomoke City Md.

19. Nov 3 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 2 1940, at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at death 19 , to 19 ,
and that I last saw her alive on Nov 2 1940.

Immediate cause of death: Immediate Premature Death

Due to

Due to

Other conditions: ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. E. Sitchey M.D. or other

Address: [illegible] Date signed: 11-2-40

RECEIVED
DEC 6 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

12064

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 yrs.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME John Wm Mason

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 12 1869

8. AGE:

Years	Months	Days	If less than one day
71	4	29	..... hrs. ..... min.

9. Birthplace: Stockton Maryland
(Town, county and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: George L. Mason
13. Birthplace: Unknown

MOTHER
14. Maiden name: Margaret E. Dickinson
15. Birthplace: Worcester Co. Md

16. Informant: Alice Mason
Address: Pocomoke City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13, 1940 (month) (day) (year)

Cemetery or crematory: Salem M. E. Cemetery

Location: Pocomoke City, Md.

18. Funeral director: Margarette H. Watson
Address: Pocomoke City, Md.

19. Nov. 13 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11 1940, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19..., to — 19...

and that I last saw h... alive on — 19...

Immediate cause of death: Coronary thrombosis — DURATION: 5 min.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other

Address: Snow Hill Md Date signed 11/11/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

12065

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Showell.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Showell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Estella Elizabeth McCabe

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles J. McCabe
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): Aug 9 1871
8. AGE: Years 69 Months 3 Days 15 If less than one day ____ hrs. ____ min.
9. Birthplace: Millville Del. (town, county, and state)
10. Usual occupation: Housework
11. Industry or business: "
FATHER 12. Name: Teleph Evans
13. Birthplace: Del
MOTHER 14. Maiden name: Jane N Thorton
15. Birthplace: Del
16. Informant: Mrs Walter McCabe
Address: Showell, Md.
17. Burial (Burial, cremation, or removal. Which?) Buried Date thereof Nov. 26, 1940 (month) (day) (year)
Cemetery or crematory: Selbyville Del,
Location: " "
18. Funeral director: M. Pasha Watson
Address: Selbyville Del.
19. (Date rec'd by registrar) 11-25 1940 Registrar: Helen F. Hayward

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24 1940, at 1 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1st 1940, to Nov 24 1940, and that I last saw h alive on Nov 23 1940

Immediate cause of death	DURATION
Myocarditis	3 yrs
Due to Arterio sclerosis	10 yrs
Due to	
Other conditions	

(Includo pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick S. Riall M. D.
M. D. or other
Address Berlin, Md. Date signed 11-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12066

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18yrs 11 Mos. 2 dys.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Rural #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 70

3. (a) FULL NAME Elsie Purnell

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 26 - 1921

8. AGE: Years	Months	Days	If less than one day
18	11	2	hrs. min.

9. Birthplace Snow Hill Worcester md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Howard Purnell
13. Birthplace Maryland

MOTHER
14. Maiden name Edna Lockerman
15. Birthplace Maryland

16. Informant Mrs. Edna Purnell
Address Snow Hill Md Rural #1

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 1 - 40 (month) (day) (year)

Cemetery or crematory Mt. Wesley
Location Snow Hill Md

18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 11/30 (Date rec'd by registrar) 1940 LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1940, at 2.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—,
and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	one year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam M. D. or other
Address Snow Hill. Md Date signed 11/28/40.

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 B)

CERTIFICATE OF DEATH

12067

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester.
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adelbert Schramm

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 1869

8. AGE:

Years	Months	Days	If less than one day
71	10	8	hrs. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Joseph Schramm
13. Birthplace Germany
MOTHER 14. Maiden name Antonia Meyer
15. Birthplace Germany
16. Informant Joseph Schramm
Address Pocomoke City Md.
17. Burial Date thereof Nov. 18, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Salem M. E. Cemetery
Location Pocomoke City Md.
18. Funeral director Margarette H. Watson
Address Pocomoke City, Md.
19. Nov. 18th 1940 Adam E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 3 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Cancer of stomach — DURATION Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Exam
M. D. or other
Address Snow Hill Md Date signed 11/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

12068

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, Institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: John T Thurston

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6.(b) Name of husband or wife: Mary Thurston
6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1861

8. AGE: Years	Months	Days	If less than one day
79	3	8	...hrs. ...min.

9. Birthplace: Ohio (Town, county, and state)
10. Usual occupation:
11. Industry or business: Farmer
FATHER 12. Name: Anthony Thurston
FATHER 13. Birthplace: Ohio
MOTHER 14. Maiden name: Wherry
MOTHER 15. Birthplace: Ohio
16. Informant: Mrs. John Thurston
Address: Berlin
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23. 1940 (month) (day) (year)
Cemetery or crematory: Episcopal
Location: Berlin Md.
18. Funeral director: J. W. Bunting
Address: Berlin
19. 11-29-40 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20 19 40 at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 19 40 to Nov 20 19 40 and that I last saw h~~im~~ alive on Nov 19 19 40

Immediate cause of death	DURATION
Chronic Myocarditis	3 yrs
Due to: Generalized Arteriosclerosis	20 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frederick A Ewell M.D.
M. D. or other
Address: Berlin, Md. Date signed 11-22-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (930)

CERTIFICATE OF DEATH

12069

Reg. Diat. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Charles W. Timmons

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	M

6.(b) Name of husband or wife: Susie Timmons
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 8, 1877

8. AGE: Years	Months	Days	If less than one day
63	2	3	..... hrs. ..... min.

9. Birthplace: Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: George Timmons
13. Birthplace: Md
MOTHER 14. Maiden name: Ellen Bethards
15. Birthplace: Md
18. Informant: William Timmons
Address: Berlin Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 10 1940 (month) (day) (year)
Cemetery or crematory: Riverside
Location: Near Berlin Md
18. Funeral director: J. W. Bunting
Address
19. 11-10 1940 (Date rec'd by registrar) Helen J. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8 19 40, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 19 38, to November 8 19 40
and that I last saw him alive on November 7, 19 40

Immediate cause of death: (a)	DURATION
Chronic Myocarditis	2 yrs
Due to: Generalized arteriosclerosis	15 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frederick L. Trivett M.D
M. D. or other
Address: Berlin Md Date signed 11-9-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

12070

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 yrs 6 mos. 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Berlin Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Charles Ernest Tyndall

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Clara May Shivers Tyndall
6(c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): Dec 10th 1874
8. AGE: Years: 65 Months: 11 Days: 29 If less than one day: ____hrs. ____min.
9. Birthplace: Wattsville, Accomac Co., Va (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Not Known
FATHER 12. Name: Sheppard D. Tyndall
13. Birthplace: Not Known
MOTHER 14. Maiden name: Arintha J. Chesser
15. Birthplace: Accomac Co.
16. Informant: James W. Tyndall
Address: Temperanceville Va
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13, 1940 (month) (day) (year)
Cemetery or crematory: Bates Memorial
Location: Snow Hill, Md.
18. Funeral director: H. A. Shields.
Address: New Church Va
19. 11/11/ 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11, 1940, at 12.15 A M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 15 1940, to Nov. 11, 1940, and that I last saw h alive on Nov. 10, 1940.

Immediate cause of death: Carcinoma of Colon — DURATION: 1 year
Due to: —
Due to: —
Other conditions: Chronic interstitial nephritis — 1 year
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: N. Sherwood Ferris, M.D. M. D. or other
Address: Snow Hill, Md. Date signed 11/11/40

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DEC 5 1940
BUREAU V. S.

WITHIN CORPORATE LIM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93a

12071

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Market St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Market Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H. Wooster

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary K.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1873

8. AGE: Years	Months	Days	If less than one day
67	1	0	hrs. min.

9. Birthplace Somerset Co., Md.
(Town, county, and state)

10. Usual occupation Railway employee

11. Industry or business

FATHER 12. Name John S. Wooster

13. Birthplace Somerset Co., Md.

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Edward Wooster

Address Pocomoke City, Md.

17. Burial Date thereof 11-25-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rehobeth Prebyterian Cem.

Location Rehobeth, Md.

18. Funeral director John A. Bradshaw

Address Pocomoke City, Md.

19. Nov 25 1940 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23, 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Nov 23 1940, and that I last saw h-- alive on Nov 22 1940.

Immediate cause of death	DURATION
Acute attack of myocarditis	
Due to Overwork & Lifting heavy objects	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A A Parker M.D.
M. D. or other

Address Pocomoke City Date signed Nov 25, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
NAVY V. S.